





PHYSICAL EDUCATION ACTIVITY LOG





Month: _____

Student Name: _____ Homeroom Teacher: _____ Grade: _____

WEEK 1	TYPE OF ACTIVITY	TIME IN MIN.	WEEK 2	TYPE OF ACTIVITY	TIME IN MIN.	WEEK 3	TYPE OF ACTIVITY	TIME IN MIN.	WEEK 4	TYPE OF ACTIVITY	TIME IN MIN.
MON.			MON.			MON.			MON.		
TUES.			TUES.			TUES.			TUES.		
WED.			WED.			WED.			WED.		
THURS.			THURS.			THURS.			THURS.		
FRI.			FRI.			FRI.			FRI.		
SAT.			SAT.			SAT.			SAT.		
SUN.			SUN.			SUN.			SUN.		
TOTAL	Should equal at least 200 minutes ⇨		TOTAL	Should equal at least 200 minutes ⇨		TOTAL	Should equal at least 200 minutes ⇨		TOTAL	Should equal at least 200 minutes ⇨	

Student should complete a minimum of 200 minutes of physical activity outside of school each week.

Student Signature: _____ Parent/Guardian Signature: _____